

DOCKET NO. UNMC-0027



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Handwritten mark

In Re Application of:

Tracy et al.

Group Art Unit: Not Assigned Yet

Examiner: Not Assigned Yet

For: **Coxsackievirus Vectors and Their Use in
Prevention and Treatment of Disease**

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a

☒ Utility Patent ☐ Design Patent

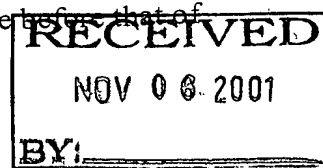
is sought on the invention, whose title appears above, the specification of which:

- ☐ is attached hereto.
- ☒ was filed on March 26, 2001 as Serial No. 09/817,748.
- ☐ said application having been amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a-d) of any **foreign application(s)** for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of



any application on which priority is claimed:

Priority Claimed (If X'd)	Country	Serial Number	Date Filed
<input checked="" type="checkbox"/>	<u>PCT</u>	<u>PCT/US98/04291</u>	<u>March 5, 1998</u>
<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Date Filed	Patented/Pending/Abandoned
<u>08/812,121</u>	<u>March 5, 1997</u>	<u>Patented</u>
<u>09/403,672</u>	<u>March 27, 2000</u>	<u>Pending</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Serial Number	Date Filed
<u> </u>	<u> </u>
<u> </u>	<u> </u>

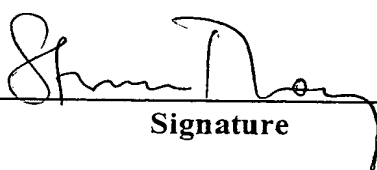
I hereby appoint the following persons of the firm of **WOODCOCK WASHBURN LLP**, One Liberty Place - 46th Floor, Philadelphia, Pennsylvania 19103 as attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Doreen Y. TrujilloReg. No. 35,719Janet E. ReedReg. No. 36,252

Address all telephone calls and correspondence to:

Janet E. Reed, Esq.
WOODCOCK WASHBURN LLP
One Liberty Place - 46th Floor
Philadelphia PA 19103
Telephone No.: (215) 568-3100
Facsimile No.: (215) 568-3439

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: Steven M. Tracy	 Signature Date of Signature: <u>11-03-07.</u> Citizenship: <u>United States of America</u>
Mailing Address: 1622 N. 53 rd Street Omaha, Nebraska 68104	
City/State of Actual Residence: Omaha, Nebraska 68104	

Name: Nora M. Chapman	
Mailing Address: 1622 N. 53 rd Street Omaha, Nebraska 68104	Signature _____
City/State of Actual Residence: Omaha, Nebraska	Date of Signature: _____ Citizenship: <u>United States of America</u>

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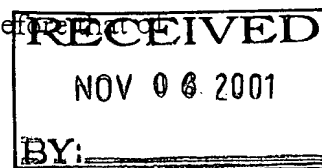
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Mailing Address: 1622 N. 53 rd Street Omaha, Nebraska 68104	
City/State of Actual Residence: Omaha, Nebraska 68104	

Name: Nora M. Chapman	 Signature Date of Signature: <u>11.5.01</u> Citizenship: <u>United States of America</u>
Mailing Address: 1622 N. 53 rd Street Omaha, Nebraska 68104	
City/State of Actual Residence: Omaha, Nebraska	